

FCC FORM 481

Line 1010 – Voice Service Rate Comparability

The pricing of the company's voice service rate is no more than two standard deviations above the applicable national average urban rate for voice service, as specified in the most recent public notice, FCC DA15-470 released on April 16, 2015.

For Rates See Attachment: (700) Company Price Offerings (voice)

**Telephone Operating Company of Vermont LLC Vermont
145115**

Line 510: Service Quality Reporting/Consumer Protection Rules Compliance

Telephone Operating Company of Vermont LLC d/b/a FairPoint Communications, hereby certifies that it is complying with applicable service quality standards and consumer protection rules. The Company complies with service quality and consumer protection provisions under state law, rule or Board Order. These provisions include, but are not limited to, the following: (1) filing a Basic Local Exchange Service Tariff pursuant to the requirements of the Vermont Public Service Board's Final Order in Docket No. 7724 (allowing for the detariffing of Retail Services except BLES) which discloses rates, terms and conditions of BLES service to customers; (2) compliance with state consumer protection provisions relating to Customer Services as identified in VT PSB Rule 7.600, compliance with provisions for Quality of Service as identified in, compliance with customer Inquiry procedure as identified in VT PSB Rule 7.600, compliance with Dispute standards as identified in VT PSB Rule 7.600 (3) compliance with truth-in-billing requirements; and (4) compliance with Federal CPNI rules, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

In establishing this certification in its *2005 ETC Order*,¹ the FCC found that an ETC must make "a specific commitment to objective measures to protect consumers." ² The Commission found that for wireless ETCs, compliance with CTIA's Consumer Code for Wireless Service would satisfy this requirement and that the sufficiency of other commitments would be considered on a case-by-case basis. In this context, the FCC stated, "to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement."³ *1 Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) ("*2005 ETC Order*").

² *Id.* at para. 28.

Telephone Operating Company of Vermont LLC d/b/a/FairPoint Communications report on the service quality performance areas as established in the Final Order in Docket No. 5903, dated July 2, 1999. The Performance Areas are (a) Network Trouble Report Rate; (b) Percentage of Troubles Cleared Within 24 Hours Residence and Business - Out of Service; (c) Call Answer Time - Residence; (d) Installation Appointments Met - Residence; (e) Installation Appointments Met- Business; (f) Average Delay Days for Missed Appointments - Company Reasons - Residence; (g) Average Delay Days for Missed Appointments - Company Reasons - Business; (h) Network Reliability 1) Service outage: # of events 2) Interoffice facility failure: # of events 3) Signaling system failure: # of events; and (i) Special Services 1) On-time provisioning 2) Mean time to repair.

Each Performance Area has Baseline Standards and Action Level Report triggers. If a provider triggers the Action Level Report in any quarter or in any 5 or more months in a calendar year, the provider must provide the Board with a full explanation for the failure in addition to a plan and timetable for correcting the problem giving rise to the failure. Any penalty assessed for failure to meet the Baseline Standards as described above are assessed in. Telephone Operating Company of Vermont LLC triggered the Action Level Report for its quarterly performance in "Percentage of Troubles Cleared within 24 Hours Residence and Business - Out of Service" in its second and third quarter 2013 reporting under this plan. All other baseline standards were met.

If a customer has a concern about their FairPoint Communications' service or billing, he/she can contact repair service, technical support or customer service with information found on their billing statement. Customers may also contact agencies, through information posted in the phone directory, website, and tariff pages. All consumer complaints whether from Attorney Generals' offices, Public Utility Commissions, Better Business Bureaus, Federal Communications Commission and all other agencies are sent to the FairPoint Communications' Maine office via U.S. Mail or by electronic mail at consumer@fairpoint.com. The complaints are directed to the appropriate responsible Company Team member within FairPoint Communications for resolution and response to the customer.

RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986

Block 1 - Contact Information

ROW #	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	6 numeric digits	145115
2	Carrier Study Area Name	alpha characters	Telephone Operating Company of Vermont LLC
3	Service Provider Identification Number	9 numeric digits	143032500
4	Residential Local Service Charge Effective Date	mm/dd/yyyy	6/1/2015
5	Contact Name	alpha characters	Barbara Galardo
6	Contact Telephone Number (include area code)	9 numeric digits	2075354126
7	Sheet number	numeric digit(s)	1
8	Total Number of Sheets	numeric digit(s)	1

Block 2 - Residential Local Service Rates, Fees, and Line Counts

	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops
9	\$ 16.20				
10					
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier See Attached Listing

Signature of authorized officer

M. David T. Skrivan

Date

June 23, 2015

Printed name of authorized officer Michael T. Skrivan

Title or position of authorized officer Vice President of Regulatory

Telephone number of authorized officer: (207) 535 - 4150

Study Area Code of Reporting Carrier

See Attached List

Filing Due Date for this form
(mm/dd/yyyy)

7/1/2015

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

REDACTED - FOR PUBLIC INSPECTION

 FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	125113	Accepted / Filed
<015> Study Area Name	NORTHERN NEW ENGLAND TELEPHONE OPERATIONS LLC	
<020> Program Year	2016	
<030> Contact Name: Person USAC should contact with questions about this data	Barbara Galardo	JUN 30 2015
<035> Contact Telephone Number: Number of the person identified in data line <030>	2075354126 ext.	Federal Communications Commission Office of the Secretary
<039> Contact Email Address: Email of the person identified in data line <030>	bgalardo@fairpoint.com	

ANNUAL REPORTING FOR ALL CARRIERS		54,313 Completion Required	54,422 Completion Required
(check box when complete)			
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> [REDACTED] -- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	[REDACTED]	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	[REDACTED] (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	[REDACTED]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	[REDACTED] (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	[REDACTED]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	[REDACTED]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 125113NH510.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 125113NH610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> 1010 Voice Service Rate Comparability.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No)	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet			
<2000> Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	125113
<015>	Study Area Name	NORTHERN NEW ENGLAND TELEPHONE OPERATIONS LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035>	Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

112 Service Quality Improvement Reporting 2015.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	
<114>	Report how much universal service (USF) support was received	
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality	
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage	
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity	
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	

Not Applicable
Not Applicable
Not Applicable
Not Applicable
Not Applicable
Not Applicable

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July 2013

[illegible]

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	

~~See attached worksheet~~

<010>	Study Area Code	125113
<015>	Study Area Name	NORTHERN NEW ENGLAND TELEPHONE OPERATIONS LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035>	Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com

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OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	125113
<015>	Study Area Name	NORTHERN NEW ENGLAND TELEPHONE OPERATIONS LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035>	Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com
<810>	Reporting Carrier	Northern New England Telephone Operations LLC
<811>	Holding Company	FairPoint Communications, Inc.
<812>	Operating Company	Northern New England Telephone Operations LLC

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	125113
<015>	Study Area Name	NORTHERN NEW ENGLAND TELEPHONE OPERATIONS LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035>	Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	125113
<015>	Study Area Name	NORTHERN NEW ENGLAND TELEPHONE OPERATIONS LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035>	Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	125113
<015>	Study Area Name	NORTHERN NEW ENGLAND TELEPHONE OPERATIONS LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035>	Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com

125113NH1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website HTTP www.tariffs.net/fairpoint/tier.asp?cid+1644

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation Data Collection Form Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	125113
<015> Study Area Name	NORTHERN NEW ENGLAND TELEPHONE OPERATIONS LLC
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	BARBARA GALARDO
<035> Contact Telephone Number - Number of person identified in data line <030>	2075554126 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	bgalarado@fairpoint.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010>** 2nd Year Certification {47 CFR § 54.313(b)(1)i}
- <2011a>** 3rd Year Certification {47 CFR § 54.313(b)(1)ii}
- <2011b>** Attachment {47 CFR § 54.313(b)(1)ii}

Not Applicable

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012>** 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}
- <2013>** 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}
- <2014>** 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}
- <2015>** 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

Yes

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016>** Certification Support Used to Build Broadband

Not Applicable

Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017>** 3rd year Broadband Service Certification
- <2018>** 5th year Broadband Service Certification
- <2019>** Interim Progress Certification
- <2020>** Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021>** Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

REDACTED – FOR PUBLIC INSPECTION

(3000) Rate Of Return Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	125113
<015> Study Area Name	NORTHERN NEW ENGLAND TELEPHONE OPERATIONS LLC
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035> Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(Yes/No)

☒ Yes ☒ No

(3014) If yes, does your company file the RUS annual report

(Yes/No)

☒ Yes ☒ No

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

☐

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, Is your company audited?

(Yes/No)

☒ Yes ☒ No

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

☐

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit

☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

☐

(3023) Underlying information subjected to a review by an independent certified public accountant

☐

(3024) Underlying information subjected to an officer certification.

☐

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

REDACTED – FOR PUBLIC INSPECTION

(3000) Rate Of Return Carrier Additional Documentation (Continued)

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	125113
<015> Study Area Name	NORTHERN NEW ENGLAND TELEPHONE OPERATIONS LLC
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035> Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	125113
<015> Study Area Name	NORTHERN NEW ENGLAND TELEPHONE OPERATIONS LLC
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035> Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: NORTHERN NEW ENGLAND TELEPHONE OPERATIONS LLC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/23/2015
Printed name of Authorized Officer: Michael Skrivan	
Title or position of Authorized Officer: Vice President Regulatory	
Telephone number of Authorized Officer: 2075354150 ext.	
Study Area Code of Reporting Carrier: 125113	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	125113
<015> Study Area Name	NORTHERN NEW ENGLAND TELEPHONE OPERATIONS LLC
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035> Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(700) Price Offerings Including Voice Rate Data
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 125113
<015> Study Area Name NORTHERN NEW ENGLAND TELEPHONE OPERATIONS LLC
<020> Program Year 2016
<030> Contact Name - Person USAC should contact regarding this data Barbara Galardo
<035> Contact Telephone Number - Number of person identified in data line <030> 2075354126 ext.
<039> Contact Email Address - Email Address of person identified in data line <030> bgalardo@fairpoint.com

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2015

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
NH	ALSTEAD -B		FR	15.0				
NH	ALSTEAD -Lw Usg - NonB		FR	10.35				
NH	ALSTEAD -Lw Usg B		FR	6.25				
NH	ALSTEAD -Msrdr- B		MS	8.08				
NH	ALSTEAD -Msrdr- NonB		MS	12.09				
NH	ALSTEAD -NonB		FR	18.68				
NH	ASHLAND -B		FR	13.78				
NH	ASHLAND -Lw Usg - NonB		FR	10.35				
NH	ASHLAND -Lw Usg B		FR	6.25				
NH	ASHLAND -Msrdr- B		MS	8.08				
NH	ASHLAND -Msrdr- NonB		MS	12.09				
NH	ASHLAND -NonB		FR	17.52				
NH	ATKINSON -B		FR	16.34				
NH	ATKINSON -Lw Usg - NonB		FR	10.35				
NH	ATKINSON -Lw Usg B		FR	6.25				
NH	ATKINSON -Msrdr- B		MS	8.08				
NH	ATKINSON -Msrdr- NonB		MS	12.09				
NH	ATKINSON -NonB		FR	19.96				
NH	BARRINGTON -B		FR	15.0				
NH	BARRINGTON -Lw Usg - NonB		FR	10.35				
NH	BARRINGTON -Lw Usg B		FR	6.25				

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<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
NH	BARRINGTON -Merd- B		MS	8.08				
NH	BARRINGTON -Merd- NonB		MS	12.09				
NH	BARRINGTON -NonB		FR	18.68				
NH	BARTLETT -B		FR	13.78				
NH	BARTLETT -Lw Usg - NonB		FR	10.35				
NH	BARTLETT -Lw Usg B		FR	6.25				
NH	BARTLETT -Merd- B		MS	8.08				
NH	BARTLETT -Merd- NonB		MS	12.09				
NH	BARTLETT -NonB		FR	17.52				
NH	BEDFORD -B		FR	16.34				
NH	BEDFORD -Lw Usg - NonB		FR	10.35				
NH	BEDFORD -Lw Usg B		FR	6.25				
NH	BEDFORD -Merd- B		MS	8.08				
NH	BEDFORD -Merd- NonB		MS	12.09				
NH	BEDFORD -NonB		FR	19.96				
NH	BELMONT -B		FR	15.0				
NH	BELMONT -Lw Usg - NonB		FR	10.35				
NH	BELMONT -Lw Usg B		FR	6.25				
NH	BELMONT -Merd- B		MS	8.08				
NH	BELMONT -Merd- NonB		MS	12.09				
NH	BELMONT -NonB		FR	18.68				

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<701> Residential Local Service Charge Effective Date 1/1/2015

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State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
NH	BERLIN -B		FR	12.57				
NH	BERLIN -Lw Usg - NonB		FR	10.35				
NH	BERLIN -Lw Usg B		FR	6.25				
NH	BERLIN -Msd- B		MS	8.08				
NH	BERLIN -Msd- NonB		MS	12.09				
NH	BERLIN -NonB		FR	16.37				
NH	BETHLEHEM -B		FR	13.78				
NH	BETHLEHEM -Lw Usg - NonB		FR	10.35				
NH	BETHLEHEM -Lw Usg B		FR	6.25				
NH	BETHLEHEM -Msd- B		MS	8.08				
NH	BETHLEHEM -Msd- NonB		MS	12.09				
NH	BETHLEHEM -NonB		FR	17.52				
NH	BRISTOL -B		FR	15.0				
NH	BRISTOL -Lw Usg - NonB		FR	10.35				
NH	BRISTOL -Lw Usg B		FR	6.25				
NH	BRISTOL -Msd- B		MS	8.08				
NH	BRISTOL -Msd- NonB		MS	12.09				
NH	BRISTOL -NonB		FR	18.68				
NH	CAMPTON -B		FR	13.78				
NH	CAMPTON -Lw Usg - NonB		FR	10.35				
NH	CAMPTON -Lw Usg B		FR	6.25				

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OMB Control No. 3060-0926/OMB Control No. 3060-0819
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<015> Study Area Name NORTHERN NEW ENGLAND TELEPHONE OPERATIONS LLC
<020> Program Year 2016
<030> Contact Name - Person USAC should contact regarding this data Barbara Galardo
<035> Contact Telephone Number - Number of person identified in data line <030> 2075354126 ext.
<039> Contact Email Address - Email Address of person identified in data line <030> bgalardo@fairpoint.com

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2015

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<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
NH	CAMPTON -Merd- B		MS	8.08				
NH	CAMPTON -Merd- NonB		MS	12.09				
NH	CAMPTON -NonB		FR	17.52				
NH	CANAAN -B		FR	13.78				
NH	CANAAN -Lw Usg - NonB		FR	10.35				
NH	CANAAN -Lw Usg B		FR	6.25				
NH	CANAAN -Merd- B		MS	8.08				
NH	CANAAN -Merd- NonB		MS	12.09				
NH	CANAAN -NonB		FR	17.52				
NH	CANDIA -B		FR	16.34				
NH	CANDIA -Lw Usg - NonB		FR	10.35				
NH	CANDIA -Lw Usg B		FR	6.25				
NH	CANDIA -Merd- B		MS	8.08				
NH	CANDIA -Merd- NonB		MS	12.09				
NH	CANDIA -NonB		FR	19.96				
NH	CANTERBURY -B		FR	15.0				
NH	CANTERBURY -Lw Usg - NonB		FR	10.35				
NH	CANTERBURY -Lw Usg B		FR	6.25				
NH	CANTERBURY -Merd- B		MS	8.08				
NH	CANTERBURY -Merd- NonB		MS	12.09				
NH	CANTERBURY -NonB		FR	18.68				

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<030> Contact Name - Person USAC should contact regarding this data Barbara Galardo
<035> Contact Telephone Number - Number of person identified in data line <030> 2075354126 ext.
<039> Contact Email Address - Email Address of person identified in data line <030> bgalardo@fairpoint.com

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State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
NH	CENTER HARBOR -B		FR	15.0				
NH	CENTER HARBOR -Lw Usg - N		FR	10.35				
NH	CENTER HARBOR -Lw Usg B		FR	6.25				
NH	CENTER HARBOR -Msd- B		MS	8.08				
NH	CENTER HARBOR -Msd- NonB		MS	12.09				
NH	CENTER HARBOR -NonB		FR	18.68				
NH	CENTER OSSIPEE -B		FR	13.78				
NH	CENTER OSSIPEE -Lw Usg -		FR	10.35				
NH	CENTER OSSIPEE -Lw Usg B		FR	6.25				
NH	CENTER OSSIPEE -Msd- B		MS	8.08				
NH	CENTER OSSIPEE -Msd- Non		MS	12.09				
NH	CENTER OSSIPEE -NonB		FR	17.52				
NH	CENTER SANDWICH -B		FR	15.0				
NH	CENTER SANDWICH -Lw Usg -		FR	10.35				
NH	CENTER SANDWICH -Lw Usg B		FR	6.25				
NH	CENTER SANDWICH -Msd- B		MS	8.08				
NH	CENTER SANDWICH -Msd- No		MS	12.09				
NH	CENTER SANDWICH -NonB		FR	18.68				
NH	CHARLESTOWN -B		FR	13.78				
NH	CHARLESTOWN -Lw Usg - Non		FR	10.35				
NH	CHARLESTOWN -Lw Usg B		FR	6.25				

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State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
NH	CHARLESTOWN -Mrd- B		MS	8.08				
NH	CHARLESTOWN -Mrd- NonB		MS	12.09				
NH	CHARLESTOWN -NonB		FR	17.52				
NH	CLAREMONT -B		FR	13.78				
NH	CLAREMONT -Lw Usg - NonB		FR	10.35				
NH	CLAREMONT -Lw Usg B		FR	6.25				
NH	CLAREMONT -Mrd- B		MS	8.08				
NH	CLAREMONT -Mrd- NonB		MS	12.09				
NH	CLAREMONT -NonB		FR	17.52				
NH	COLEBROOK -B		FR	12.57				
NH	COLEBROOK -Lw Usg - NonB		FR	10.35				
NH	COLEBROOK -Lw Usg B		FR	6.25				
NH	COLEBROOK -Mrd- B		MS	8.08				
NH	COLEBROOK -Mrd- NonB		MS	12.09				
NH	COLEBROOK -NonB		FR	16.37				
NH	CONCORD -B		FR	15.0				
NH	CONCORD -Lw Usg - NonB		FR	10.35				
NH	CONCORD -Lw Usg B		FR	6.25				
NH	CONCORD -Mrd- B		MS	8.08				
NH	CONCORD -Mrd- NonB		MS	12.09				
NH	CONCORD -NonB		FR	18.68				

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State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
NH	CONWAY -B		FR	15.0				
NH	CONWAY -Lw Usg - NonB		FR	10.35				
NH	CONWAY -Lw Usg B		FR	6.25				
NH	CONWAY -Msrdr- B		MS	8.08				
NH	CONWAY -Msrdr- NonB		MS	12.09				
NH	CONWAY -NonB		FR	18.68				
NH	DANBURY -B		FR	13.78				
NH	DANBURY -Lw Usg - NonB		FR	10.35				
NH	DANBURY -Lw Usg B		FR	6.25				
NH	DANBURY -Msrdr- B		MS	8.08				
NH	DANBURY -Msrdr- NonB		MS	12.09				
NH	DANBURY -NonB		FR	17.52				
NH	DEERFIELD -B		FR	16.34				
NH	DEERFIELD -Lw Usg - NonB		FR	10.35				
NH	DEERFIELD -Lw Usg B		FR	6.25				
NH	DEERFIELD -Msrdr- B		MS	8.08				
NH	DEERFIELD -Msrdr- NonB		MS	12.09				
NH	DEERFIELD -NonB		FR	19.96				
NH	DERRY -B		FR	16.34				
NH	DERRY -Lw Usg - NonB		FR	10.35				
NH	DERRY -Lw Usg B		FR	6.25				

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State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
NH	DERRY -Msrd- B		MS	8.08				
NH	DERRY -Msrd- NonB		MS	12.09				
NH	DERRY -NonB		FR	19.96				
NH	DOVER -B		FR	16.34				
NH	DOVER -Lw Usg - NonB		FR	10.35				
NH	DOVER -Lw Usg B		FR	6.25				
NH	DOVER -Msrd- B		MS	8.08				
NH	DOVER -Msrd- NonB		MS	12.09				
NH	DOVER -NonB		FR	19.96				
NH	DUBLIN -B		FR	15.0				
NH	DUBLIN -Lw Usg - NonB		FR	10.35				
NH	DUBLIN -Lw Usg B		FR	6.25				
NH	DUBLIN -Msrd- B		MS	8.08				
NH	DUBLIN -Msrd- NonB		MS	12.09				
NH	DUBLIN -NonB		FR	18.68				
NH	DURHAM -B		FR	15.0				
NH	DURHAM -Lw Usg - NonB		FR	10.35				
NH	DURHAM -Lw Usg B		FR	6.25				
NH	DURHAM -Msrd- B		MS	8.08				
NH	DURHAM -Msrd- NonB		MS	12.09				
NH	DURHAM -NonB		FR	18.68				

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State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
NH	ENFIELD -B		FR	15.0				
NH	ENFIELD -Lw Usg - NonB		FR	10.35				
NH	ENFIELD -Lw Usg B		FR	6.25				
NH	ENFIELD -Msrd- B		MS	8.08				
NH	ENFIELD -Msrd- NonB		MS	12.09				
NH	ENFIELD -NonB		FR	18.68				
NH	EPPING -B		FR	15.0				
NH	EPPING -Lw Usg - NonB		FR	10.35				
NH	EPPING -Lw Usg B		FR	6.25				
NH	EPPING -Msrd- B		MS	8.08				
NH	EPPING -Msrd- NonB		MS	12.09				
NH	EPPING -NonB		FR	18.68				
NH	EPSOM -B		FR	15.0				
NH	EPSOM -Lw Usg - NonB		FR	10.35				
NH	EPSOM -Lw Usg B		FR	6.25				
NH	EPSOM -Msrd- B		MS	8.08				
NH	EPSOM -Msrd- NonB		MS	12.09				
NH	EPSOM -NonB		FR	18.68				
NH	ERROL -B		FR	11.53				
NH	ERROL -Lw Usg - NonB		FR	10.35				
NH	ERROL -Lw Usg B		FR	6.25				

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State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
NH	ERROL -Msd- B		MS	8.08				
NH	ERROL -Msd- NonB		MS	12.09				
NH	ERROL -NonB		FR	15.38				
NH	EXETER -B		FR	16.34				
NH	EXETER -Lw Usg - NonB		FR	10.35				
NH	EXETER -Lw Usg B		FR	6.25				
NH	EXETER -Msd- B		MS	8.08				
NH	EXETER -Msd- NonB		MS	12.09				
NH	EXETER -NonB		FR	19.96				
NH	FARMINGTON -B		FR	13.78				
NH	FARMINGTON -Lw Usg - NonB		FR	10.35				
NH	FARMINGTON -Lw Usg B		FR	6.25				
NH	FARMINGTON -Msd- B		MS	8.08				
NH	FARMINGTON -Msd- NonB		MS	12.09				
NH	FARMINGTON -NonB		FR	17.52				
NH	FITZWILLIAM -B		FR	15.0				
NH	FITZWILLIAM -Lw Usg - NonB		FR	10.35				
NH	FITZWILLIAM -Lw Usg B		FR	6.25				
NH	FITZWILLIAM -Msd- B		MS	8.08				
NH	FITZWILLIAM -Msd- NonB		MS	12.09				
NH	FITZWILLIAM -NonB		FR	18.68				